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ABSTRACT

A day treatment school program is described in terms of its objectives and educational program. Psychoeducational teaching is used with the emotionally disturbed children who attend in hopes of: (1) modifying their behavior; (2) increasing their academic achievement; and (3) returning to a regular classroom. In determining outcome results of the program, the case records of 50 children no longer in attendance were examined for pre-treatment age, problems, intelligence level, etc. Post-treatment data included parent and teacher ratings of the childrens' behavior and adjustment. In addition, parental evaluations of the program were elicited. Pre-treatment and post-treatment data were then paired and randomly placed first and second. Five judges were asked to select which of the two symptom patterns was given at the followup. Findings indicated: (1) parents generally felt there had been improvement, while teachers generally reported the children poorly adjusted; and (2) children admitted to the program while still quite young showed a greater improvement rate. (TL)

AN OUTCOME STUDY OF A DAY TREATMENT UNIT SCHOOL IN A COMMUNITY MENTAL HEALTH CENTER

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The Day Treatment Unit of the Rochester Mental Health Center has been in existence since July 1964. During the years, a total of 71 children have attended this clinical school. Major objectives of this program are: 1) to modify behavior of emotionally handicapped children (ages 4-12) 2) to help these children achieve at an academic level more commensurate with their abilities, and 3) ultimately to return each child, functioning with an improved sense of security and self confidence, to a classroom in a regular school. To implement these objectives a unique program has been developed reflecting a philosophical framework that can best be called psycho-educational or clinical teaching.[7] This approach in addition to calling upon a clinical psychiatric team that works in tandem with parent and child in weekly therapeutic sessions, makes use of such clinical data as: a) the existence of residual learning b) the operation of the child's impulse system, c) the capacity for internalization of social values, and d) the nature of the child's personality and self-concept. This data is then translated into educationally relevant goals that takes the form of an instructional program designed to bring about significant changes both behaviorally and academically

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in severely emotionally handicapped youngsters. Children attending this program are exposed to time-limited but intensive school experiences with teams of teachers and aides. Small groups of children are exposed on a pre-determined rotational basis throughout a full school day that runs from 9:30-3:00 P.M. Each group contains no more than six children who rotate through planned activities conducted in 'sets' of classrooms. Students are involved in programming that reflects a sensitivity to their needs for a variety of experiences that are both academic and recreational in nature. In addition we have found that removing the teacher from the position of being all things to all children (i.e. teaching physical education, music, etc.) allows that person to be a more effective clinical teacher. Within this multi-teacher rotation framework it is possible to combine an effective prescriptive teaching posture along with an opportunity for engaging youngsters in the learning process through other modalities of instruction. These other modalities may include handwork, music and drama, physical education, home economics and swimming.

We have found over the nearly five years that considerable modification of this program has resulted in the above description. This approach provides a most effective method 1) of maintaining rapport (both instructional and emotional) with these youngsters without it resulting in teacher or child fatique 2) of developing positive multi-teacher (adult) relationships resulting in an improved sense of trust, 3) of putting across time concepts 4) of fostering the internalization of controls by programming the learning environment, 5) of stimulating relatedness and attentiveness to group and learning experiences and 6) of readying these students for public school reentry. Although this paper will attempt to review the

outcome results of 50 youngsters who left this Unit to return to other schools it might be of interest to examine other similar reported works. Follow-up reports of in-patient populations of psychotic children appears abundantly in the literature,[1,2,3,6,12] however, reported results of Day School programs dealing with primarily non-psychotic youngsters is not as readily available. It might be of interest to note that the primary impact of this program was made with non-psychotic children, however, 26% of the sample diagnosed as psychotic did quite well and are more fully discussed elsewhere.[8]

A few projects evaluating structured or classroom paradigms have been described in the literature. Hewitt[10] developed and used an engineered classroom design based on the behavior modification model in both institutional and public schools. The engineered classroom attempted to provide a setting for implementation of a hierarchy of educational tasks, meaningful rewards for learning and an appropriate degree of teacher structure. Hewitt, Taylor and Artuso[11] reported that children in this engineered classroom model maintained a higher task-attention advantage over children in the control classrooms.

Lewis[13] has reported on early follow-up results of Project Re-Ed. Although the experimental pattern of this project required two specially trained teachers who lived and worked with eight children in a residential program, the emphasis on education and the ecological modification of the child's natural environment is in many ways analagous to the program described in this paper. Evaluations of the children before and at the end of 'treatment' as well as follow-up of parents, teachers, and peers agreed that children were functioning much better upon graduation from Re-Ed.

Haring and Phillips[9] reported outcomes of a day school program

with three groups of emotionally disturbed children in Arlington County, Virginia. These groups offered three methods of instruction: structured, ordinary classroom, and permissive instruction. Results as measured by behavioral and academic variables clearly favored the structured approach.

In a final study of programs for emotionally disturbed children Camp and Lathan[4] utilized a trained teacher in a special class within a public school setting. Although substantial literature describes public school special classes for the emotionally disturbed,[15,16,17] this study most clearly resembles this papers program rationale and clinical thrust.

PROCEDURE

There were 50 children who left the Day Treatment Program in the four-year period under study. From the case records of these children, the following information was obtained: age at time of referral, presenting problems, intelligence test scores at time of referral, and length of time in program. The parents, preferably the mother, were contacted by telephone. These telephone interviews were conducted by two undergraduate psychology majors, who identified themselves as research assistants for the project.*

During the telephone interview, the parent was asked to supply the following information: 1) whether or not the child was attending school, 2) his grade or class, and 3) his teacher (permission

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* We wish to express our appreciation to Sandy Grauer and Linda Spector, whose persistence while serving as research assistants did much to help make the data gathering successful.

was then obtained to contact the school); 4) an evaluation of the child's overall adjustment, from "very well adjusted" to "very poorly adjusted" on a five point scale, low scores indicating satisfactory adjustment; 5) a rating of how much help the parent believed the child received from the Day Treatment Program, again on a five-point scale ranging from "helped a great deal" to "not at all", with high ratings indicating a belief that the child had been helped; 6) a description of the child's current problem behaviors, which was intended to be comparable in nature to the kind of description offered by the parents at the time of original referral; and 7) any spontaneous comments that the parents wished to make about their evaluation of their child or of the Day Treatment Program.

Telephone contacts were also made with supervisory school personnel, such as principals or administrators of special programs, in order to gain permission to solicit information from the teachers of the children. In all cases this permission was readily granted. The teachers were then contacted by mail with a cover letter explaining the purpose of the research, the importance of their contribution to it, and providing them with a simple form to be returned if they desired a copy of the study when it was completed. In every case the teachers expressed a desire to receive a report of the research. The information requested from the teachers was the following: 1) a children's behavior rating scale, which consisted of descriptive statements about the child's classroom behavior and which asked the teacher to indicate whether the statements did or did not apply to the child; 2) an overall rating of the child's adjustment, which was similar to that completed by the parents. (Both of these measures had been used successfully with teachers in an earlier study by Cowen, et al 1963; and 3) a personality description rating scale which

consisted of adjectives, half negative and half positive, to each of which the teachers indicated the degree of applicability to the particular child.

By virtue of the tenacity of the research assistants and an excellent degree of cooperation from the teachers, an unusually high return was obtained. Of the 50 children in the population, follow-up reports from the parents were obtained in 47 cases, while completed rating scales were returned by 45 teachers. Thus some follow-up data was obtained for 48 of the 50 youngsters.

These children were diagnosed as having a variety of disorders; 13 were considered psychotic; 13 were thought to have severe characterological problems; 8 had brain damage and/or mental deficiency; and 14 appeared to have prolonged adjustment reactions. However, only 22 were seen in individual psychotherapy; sessions ranged from 10-153, with a mean of 62.

Within the sample furnished by parents there were 37 boys and 10 girls, age upon admission to the Day Treatment Program ranged from 3 to 11 years, with a mean of 7. Length of time in the program ranged from 1 to 58 months with a mean of 16. For most of the children IQ testing was considered unreliable and invalid, and in 12 cases it was not possible to test the child. Although it was generally believed that the children were not mentally retarded, only 8 of the children obtained IQ scores of average or better, while 26 tested below average in their intellectual functioning ($\bar{X}$ IQ=71). Most of the children, then, were functioning below their chronological ages, although they were not thought of as retarded.

In order to obtain an index of the effectiveness of the program, the descriptions of the child's problems that were furnished by parents at the time of application and at the time of follow-up were extracted

from the records and forms. They were matched, with the post-treatment des cription placed randomly first or second. These paired descriptive statements were presented to 5 judges, of whom 4 were child psychiatrists and 1 a clinical child psychologist, with instructions to select which of the pair was given at the time of follow-up. If a judgement was not possible, the judges were instructed to mark both choices on that particular item.

RESULTS

Of the 48 children for whom some follow-up data could be obtained, 37 were in a public school setting and 11 were not. However, while 77% of the youngsters were in public school, the great majority of them, 26 still required some special educational program. They attended, in the main, classes for the retarded or emotionally disturbed. The 11 children who were not in public school were, with the exceptions of 1 child who was in an institution for delinquents and 1 child who had recently been excluded from school, in institutional placements for the severely disturbed, e.g., children's unit of state hospital and residential treatment centers. Since a major purpose of the Day Treatment Program was to enable the child to re-enter the public school system, it appeared to have been successful for most of the children it served.

Several additional measures were employed to assess the effectiveness of the program. At the time of discharge from Day Treatment, the professional staff, in filling out state forms, reported 27 as improved, 16 undetermined, and 5 unchanged.

In the 47 comparisons made of the symptom pictures at the time of referral and at the time of follow-up, the 5 judges agreed completely on 21 items, and 4 of the 5 judges agreed in their decisions on 32 of the 47 comparisons that had to be made. The mean of 83%

agreement among them was significantly better than chance ($z = 3.28$; $p < .001$); indicating that the symptom pictures in most cases were sufficiently different to enable reliable judgements.

The task of the judges was to select which of the two symptom patterns was given at follow-up. Presumably, this would be the less severe description, although, of course, there were items where the two descriptions were virtually identical or the one given at follow-up seemed worse than the one at referral. This appeared to be the case for 7 items in which 4 out of 5, or all 5, judges were incorrect in their choices. Correct judgements ranged from 55% to 79%, with a mean of 66%. This indicates that the descriptions for about 2/3 of the sample were less severe at follow-up than they were at the time of referral for Day Treatment, while about 1/7 of the children were either depicted as unchanged or worse.

TABLE 1

Frequency Count of Children

Rated:	Attending School	Not Attending School
Average or Better Adjusted (Parents)	27	5
Poorly Adjusted (Parents)	9	6
Average or Better Adjusted (Teachers)	14	2
Poorly Adjusted (Teachers)	22	8
Helped (Parents)	31	8
Not Helped (Parents)	5	3

Results of parent and teacher evaluation forms are summarized in Tables 1 and 2. As can be seen in Table 1, the majority of parents (68%) reported their child to be average or better in

adjustment, and even more (83%) thought that the Day Treatment Program had been helpful to some extent. Looking at Table 2, the mean rating by the parents for their child's adjustment can be regarded

TABLE 2

Rating of Children

Ratings	Children Attending School (N=36)		Children Not Attending Public School (N=10)	
	X	S.D.	X	S.D.
(Parent) Adjustment	3	1.3	4	1.5
(Parent) Help	4	1.3	3	1.8
(Teacher) Adjustment	4	1.0	4	.8
(Teacher) Behavior	32	14.0	36	12.2

as somewhat discriminating. Those parents whose children were in public school gave a mean of 3 ("about average in adjustment"), while those whose children were not in public school gave a mean of 4 ("rather poorly adjusted"). Similarly for help, those parents whose children were in public school gave a mean of 4 ("helped a lot"), while those whose children were not in public school gave a mean of 3 ("helped some").

In contrast, the teachers report the majority of children to be poorly adjusted (65%). This is so whether the children attend public schools or institutions. Their mean ratings of adjustment differed significantly from the ratings made by the parents of the children in school ($t = 3.6$; $p<.01$). If nothing else, this sugests that in many instances the parents see the children as better adjusted than do the teachers. A plausible explanation for this discrepancy is that the teachers tend to evaluate the child in comparison with other

children of his age or grade level, while the parents tend to evaluate the child in comparison with the way he used to behave. Accordingly, the parents may see improvements and be encouraged by the child's gains, although to someone who is judging the child on the basis of his current functioning, his disturbances and deficiencies appear quite glaring.

Most of the youngsters still have problems in their behavior, despite their ability to attend public school. This is made clear by several measures. Cowen, et al[5]'s teachers rated Red-Tag (likely to be emotionally disturbed) children 3 in adjustment. This compares with 4 in adjustment, given by the teachers of the children in the Day Treatment sample. This difference is significant (t = 3.6: p .01). Further, the behavior rating scale results suggest that the majority of the children in school are regarded as hyperactive or distractable (N=25), and with specific learning difficulties (N=24).

Nevertheless, the overall pictures that emerge of the children from ratings by their teachers is for most a positive one. On the Personality Description scale, 28 children were rated favorably (61%), while 18 were rated unfavorably. The adjectives used most often were: honest (N=25), friendly (N=24), neat (N=22), respectful (N=21), restless (N=29), and tense (N=20). Evidently, the children are seen as "good" youngsters who mean well, but who have a lot of trouble in controlling themselves and doing what they're supposed to do.

DISCUSSION

We are not entirely without data for comparison of the results of this outcome study. These comparisons are difficult due to the nature and structure of the treatment described, however, Lewis[14] in an article reviewing studies comparing the adjustment of children

receiving psychotherapy and those not receiving it concludes that follow-up studies ranging from one to eight years reported improvement mostly within the two-thirds to three fourths range. This improvement rate compares quite favorably with this studies improvement rate of 66%. Careful analysis of our data regarding those children in our sample who received psychotherapy (22) in addition to the structured school experience, did not suggest that improvement was more significant. Those children receiving the highest number of therapy sessions (153) were diagnosed as "schizophrenic reaction of childhood". Their improvement discussed elsewhere[8], is also favorable, however, adjustment to public school classes was much more difficult.

In analyzing the outcome of the 37 children who entered or reentered public school settings during the four-and-a-half year period under study the authors note that 26 still required some special class placement. One can speculate that these children continue to have emotional and learning problems which handicap them in their ability to profit from regular classroom education and therefore need an extended special class placement. Another consideration might very well be the likelihood of a poorly articulated special education program within the public schools that has not been able to establish vehicles of gradual reentry for those youngsters under study. This position is strengthened when one considers that classes for emotionally handicapped children in New York State were not mandated until September 1966. Since many classes for emotionally handicapped children were quite new during the period studied, one can conclude that this argument is worth considering.

A consistent finding in our results was the improvement rate reported for those children who were admitted to the school as kinder-

garten dropouts (5-8 year olds). We found that the sooner identification and intervention took place, the better were our chances of establishing improvement. The converse of this was also, unfortunately, the case. Of those children who were unable to reenter public school (11), nine were placed in institutions for the severely disturbed. We found that seven of these nine youngsters had been diagnosed as "schizophrenic" and that despite progress within our Day School, could not be maintained within their family constellations.

Perhaps some remarks are in order regarding the design of this study. No control groups were used since they were not practicable in view of the intense pressures from the parents, school and community to provide services to these severely disturbed children. We also found that we had no reliable pre-treatment measures available to us. At least we shall be able to remedy this defect in subsequent research by having the children rated as part of our intake procedure.

Finally, we found significant differences between the parent and teacher ratings both statistically and in the meaning to be ascribed to the quantitative measures. The implications this has for future studies might be to suggest the importance of who does the evaluations in studies of outcome. It may well be that appraisals made by those who are familiar with pre-treatment behaviors tend to be more favorable at follow-up than those made by persons whose contacts have been only after the treatment. The directions of these biases will be considered in the planning of our future studies and in the interpretation of their results.

We would like to submit, in closing, that although the results of this study are quite encouraging, the need for a continuous assessment of programs that attempt to meet instructional and behavioral needs of emotionally disturbed children is necessary, to bridge the

gap that exists between clinical schools and public schools. It is our feeling that much more can be learned through the sharing of techniques, teaching styles and other strategies that will help in establishing effective programs for emotionally disturbed children.

REFERENCES

1. Bender, L. 1956. Schizophrenia in childhood - its recognition description and treatment. American Journal Orthopsychiatric 26: 499-506.
2. Bettlehelm, B. 1967. The Empty Fortress Infantile Autism and the Birth of the Self; MacMillen New York.
3. Brown, J. 1963 Follow-up of children with atypical development (infantile psychosis) American Journal Orthopsychiatric 33: 855-861.
4. Camp, William L. and Lathan, Levi. 1967. A successful classroom program for emotionally disturbed children. The training school bulletin; Vol. 64, 31-38.
5. Cowen, Emery L., and others. 1965. The relationship of anxiety in school children to school record, achievement and behavioral measures, child development 36; 685-695.
6. Eisenberg, L. 1956. The autistic child in adolescence. American Journal Orthopsychiatric. 112: 607-612.
7. Gold, J. 1967. Child guidance day treatment and the school: A clinics use of its psychoeducational facility for new programming in the public schools. Presented at 44th Annual Meeting American Orthopsychiatric Association, Washington, D.C.
8. Halpern, W.I. 1969. Psychosis of early childhood as a function of abnormal speech development: Preliminary findings in the schooling of autistic children. Presented at AAPCC Conference in Boston.
9. Haring, N.G. and Phillips, E.L. 1962. Educating Emotionally Disturbed Children. New York: McGraw-Hill Book Company.
10. Hewitt, Frank M. 1967. Educational engineering with emotionally disturbed children. Exceptional children 33: 459-67.
11. Hewitt, Frank M., Taylor, F.D., and Artuso, A.A. 1968. The Santa monica project exceptional children 34: 387.

12. Levy, Edwin 1969. Long term follow-up of former in-patients at the Children's Hospital of the Menninger Clinic. American Journal Orthopsychiatric. 125: 1633-1639.

13. Lewis, Wilbert W. 1967. Project Re-Ed: Educational Intervention In Discordant Child Rearing Systems. Emergent Approaches To Mental Health Problems. New York Appleton-Century-Crofts Chapter 19, pp. 352-368.

14. Lewis, Wilbert W. 1965. Continuity and intervention in emotional disturbance: a review. Exceptional children. 31: 465-475.

15. Radin, Sherwin S., and others. 1966. Orthopsychiatry and special services for emotionally disturbed children in the public school setting. Journal of School Health. 36: 245-248.

16. Rubin, Eli Z., Simson, Clyde B., and Bettree, Marcus C. 1966. Emotionally Handicapped Children and the Elementary School. Wayne State University Press; Detroit.

17. Safford, Alton L., and Watts, Charles A. 1967. An evaluation of a public school program for educationally handicapped children. California Journal of Educational Research 18: 125-132.